

216005435
80365


State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

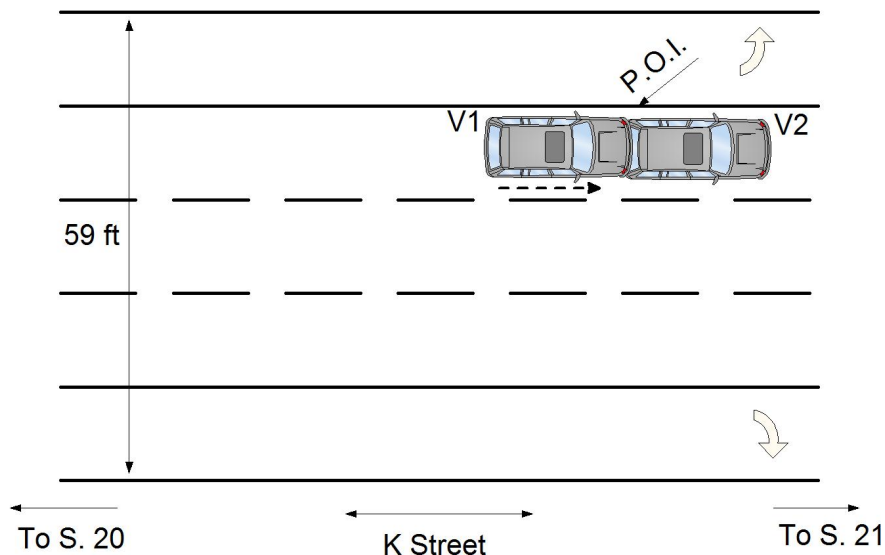
2	Total Number of Vehicles	Local No./ District 069	Agency Case No. B6-009742	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/03/2016		TIME OF ACCIDENT 1840	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1842	02/04/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. K Street		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	35.30		X S. 21			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES		N S E W	AND MILES		N S E W
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	H12564085		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER CATHERINE D FLETCHER		PHONE 4022027146		LOCAL NO.	
V2/N	DRIVER ADDRESS 1527 E MANOR DR, LINCOLN, NE 68506		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) 09/20/1982	
G	OWNER DAVID A FLETCHER / Catherine D Fletcher		PHONE 4022027146		LOCAL NO. 02-12-1978	
3	OWNER ADDRESS 1527 E Manor Dr, Lincoln, NE 68506		CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO LB502528	
H	LICENSE PLATE PA NO.	TMI539		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	VEHICLE	2014	MAKE Chevrolet	MODEL TVL	BODY STYLE Medium/large	COLOR gray
1	VEHICLE ID NO. (VIN)	1GNKRHKD0EJ332817		INSURANCE COMPANY Farm Bureau		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 100
V2/O	TOWED TO	TOWED BY		POLICY NO. 0000000007697714		
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H12737039		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER ANGEL M LOPEZ		PHONE 4023168495		LOCAL NO.	
V2/P	DRIVER ADDRESS 4825 SHERMAN ST, LINCOLN, NE 68506		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) 12/11/1983	
1	OWNER ANGEL NELSON		PHONE 4023168495		LOCAL NO.	
J	OWNER ADDRESS 4825 SHERMAN ST, LINCOLN, NE 68506		CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	
V1/Q	LICENSE PLATE PA NO.	TLY857		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	VEHICLE	2005	MAKE Saturn	MODEL VUE	BODY STYLE Medium/large	COLOR red
4	VEHICLE ID NO. (VIN)	5GZCZ43D55S810906		INSURANCE COMPANY Progressive		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
K	TOWED TO	TOWED BY		POLICY NO. 901552745		
01	VEHICLE NO. 3					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



Not To Scale



D1 stated she was stopped in traffic behind V2 and the traffic signal turned green. D1 stated she started moving forward prior to V2 moving and rear ended V2. D2 stated she was stopped in traffic in front of V1. D2 stated the traffic signal turned green and her vehicle was rear ended by V1. D1 was cited/released for negligent driving.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	2			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																
1			X		K Street																
2			X		K Street																
1	01				06 Turning left				POINT OF IMPACT		01	POINT OF IMPACT		05							
2	11				07 Making U-turn				MOST DAMAGED AREA		01	MOST DAMAGED AREA		05							
					08 Entering traffic lane																
					09 Leaving traffic lane																
					10 Parked																
					11 Slowing or stopped in traffic																
					12 Other																
					13 Unknown																
OFFICER NO. 1723					TROOP/TEAM/BEAT SE					DEPARTMENT Lincoln Police Department										Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
INVESTIGATOR NAME (Print or Type) Jason Drager										INVESTIGATOR SIGNATURE Approved by Officer Jason Drager										DATE OF REPORT 02/04/2016	